

Exhibit 1

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

ERIC BERNARD (#R-25398), a/k/a
TERRELL KING,

Plaintiff,

v.

ILLINOIS DEPARTMENT OF
CORRECTIONS, and WEXFORD
HEALTH SOURCES, INC.

Defendants.

No. 20-cv-50412

Hon. Judge Iain D. Johnston

Magistrate Judge Margaret J. Schneider

DEFENDANT WEXFORD HEALTH SOURCES, INC.'S
INTERROGATORIES TO PLAINTIFF

NOW COMES the Defendant, WEXFORD HEALTH SOURCES, INC., by and through its attorneys, CASSIDAY SCHADE, LLP, and propounds the following Interrogatories to Plaintiff, ERIC BERNARD (#R-25398), pursuant to Rule 33 of the Federal Rules of Civil Procedure, to be answered within thirty (30) days of receipt thereof:

INSTRUCTIONS

1. Your answers to these Interrogatories are due within thirty (30) days after service and shall be made under oath.
2. If you refuse to answer any Interrogatory herein on the ground of privilege or otherwise, specify the exact basis for your claim that such information or document need not be disclosed; if the privilege is claimed as to information, identify each person who has knowledge of such information or to whom such information was communicated; and if the privilege is claimed as to a document, identify such document and identify each person in possession of such document.

3. These Interrogatories shall be deemed to be continuing in nature and you are hereby requested to duly supplement production as additional information becomes available to you.

4. If, in answering any of these Interrogatories, you claim any ambiguity in interpreting an Interrogatory, or a definition or instruction applicable thereto, such claim shall not be utilized by you as a basis for refusing to respond. Instead, set forth the language you deem to be ambiguous and the interpretation you have chosen or used in responding to the Interrogatory and provide an answer to the Interrogatory based upon such clarification.

5. If any of these Interrogatories cannot be answered by you in full, answer to the extent possible, specifying the reason for your inability to answer the remainder and stating whatever information, knowledge, or belief you do have concerning the unanswered portion.

DEFINITIONS

“You” means Plaintiff, ERIC BERNARD (#R-25398).

INTERROGATORIES

1. State your full name, as well as your current residence address, social security number, inmate identification number, date and place of birth, and any other name by which you have ever been known.

2. Describe the acts and/or omissions of the defendants, i.e., the specific diagnosis, procedure, test, therapy, treatment or other type of healing arts administration which you claim caused or contributed to the injuries for which you seek damages and, as to each, state:

- (a) The date or dates thereof;
- (b) The name and address of each witness;

- (c) The names and addresses of all other persons having knowledge thereof and as to each such person the basis for his or her knowledge; and
- (d) The location of any and all documents, including without limitation, hospital, medical, and/or prison records reflecting such acts and/or omissions.

3. State the full name, last known address, telephone number, occupation and/or profession, employer or business affiliation, and relationship to you of each person who has or claims to have knowledge that the defendants were deliberately indifferent toward you. As to each such person, state:

- (a) The nature of such knowledge;
- (b) The manner whereby it was acquired;
- (c) The date or dates upon which such knowledge was acquired; and
- (d) The identity and location of any and all documents reflecting such alleged deliberate indifference.

4. Please state the name, address and specialty, if any, of all physicians, nurses, medical technicians or other persons with whom you or your attorneys have discussed any of the following:

- (a) The acts and/or omissions of deliberate indifference described in your Complaint;
- (b) The nature and extent of any injuries suffered by you; and
- (c) The relationship between the acts and/or omissions on the part of the defendants and such injuries.

5. Do you know of any statements made by any person relating to the incident, care and treatment, or the injury or damages alleged in the Complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.

6. Please identify and state the location of any of the following documents relating to the issues in this case which either bear the name, handwriting and/or signature of the defendants:

- (a) Publications and/or professional literature authored by the defendants, including publication source and reference;
- (b) Correspondence, records, memoranda or other writings prepared by the defendants regarding your diagnosis, care and treatment, other than medical and hospital records in this case; and
- (c) Documents prepared by persons other than you or your attorneys which contain the name of the defendants.

7. Describe the medical injuries sustained by you as the result of the defendants' acts and/or omissions described in your Complaint.

8. With regard to your injuries, state:

- (a) The name and address of each attending physician and/or health care professional that has seen or treated you;
- (b) The name and address of each consulting physician and/or other health care professional;
- (c) The name and address of each person and/or laboratory taking any X ray, MRI and/or other radiological tests of you;
- (d) The date or inclusive dates on which each of them rendered you service;
- (e) The amounts to date of their respective bills for service; and
- (f) From which of them you have written reports.

9. As the result of your injuries, were you a patient or outpatient in any hospital, medical institution and/or clinic? If so, state the names and addresses of all hospitals, medical institutions and/or clinics, the amounts of their respective bills and the date or inclusive dates of their services.

10. List each and every doctor, nurse and/or other health care provider who has treated the patient in the past ten (10) years and indentify each condition and/or purpose for which each doctor, nurse and/or other health care provider treated the patient.

11. State any and all other expenses and/or losses you claim as a result of the acts and/or omissions described in the Complaint. As to each expense and/or loss, state the date or dates it was incurred, the name of the person, firm and/or company to whom such amounts are owed, whether the expense and/or loss in question has been paid and, if so, by whom it was so paid, and describe the reason and/or purpose for each expense and/or loss.

12. Had you suffered any personal injury or prolonged, serious and/or chronic illness within ten (10) years prior to the incident(s) described in your Complaint? If so, state when and how you were injured and/or ill, where you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician, or other health care professional, hospital, health care unit and/or clinic rendering you treatment for each injury and/or chronic illness.

13. Have you suffered any personal injury or prolonged, serious and/or chronic illness since the incident(s) alleged in your Complaint? If so, state when you were injured and/or ill, where and how you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician or other health care professional, hospital, health care unit and/or clinic rendering you treatment for each injury and/or chronic illness.

14. Have you ever filed any other lawsuits for injuries either before or after the filing of this lawsuit? If so, state the nature of the injuries claimed, the courts and the captions in which filed, the years filed, and the titles and case or docket numbers of the suits.

15. Did defendants or anyone associated with defendants give you information or discuss with you the treatment to be given to you or withheld from you? If so, state the date(s) and place(s) such information was given or discussions were had, the name(s) of the person(s) providing such information or engaging you in the discussion, and give a description of the information provided or discussed with you.

16. Are you claiming any psychiatric, psychological and/or emotional injuries as a result of the acts and/or omissions described in the complaint? If so, state:

- (a) The name of any psychiatric, psychological and/or emotional injury claimed, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury;
- (b) Whether you had suffered any psychiatric, psychological and/or emotional injury prior to the date of the acts and/or omissions described in the Complaint, and
- (c) If (b) is in the affirmative, please state when and the nature of any psychiatric, psychological and/or emotional injury, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury.

17. Provide the name and address of each witness who will testify at trial and the subject of their testimony.

18. Do you have any photographs, movies and/or videotapes relating to the acts and/or omissions which are described in your complaint and/or the nature and extent of any injuries for which recovery is sought? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, who was displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.

19. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment described in your complaint was provided, or have you overheard any statement made by any person at any time

with regard to the injuries complained of by plaintiff or the manner in which the care and treatment alleged in the complaint was provided? If so, state:

- (a) The date or dates of such conversation(s) and/or statement(s);
- (b) The place of such conversation(s) and/or statement(s);
- (c) All persons present for the conversation(s) and/or statement(s);
- (d) The matters and things stated by the person in the conversation(s) and/or statement(s),
- (e) Whether the conversation(s) was oral, written and/or recorded; and
- (f) Who has possession of the statement(s) if written and/or recorded.

20. Have you received any payment and/or other consideration from any source in compensation for the injuries alleged in your complaint? If your answer is in the affirmative, state:

- (a) The amount of such payment and/or other consideration received;
- (b) The name of the person, firm, insurance company and/or corporation making such payment or providing other consideration and the reason for the payment and/or other consideration; and
- (c) Whether there are any documents evidencing such payment and/or other consideration received.

21. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim.

22. List the names and addresses of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts regarding the care and treatment complained of in the Complaint filed herein and/or of the injuries claimed to have resulted therefrom.

23. State the factual basis for your allegation that WEXFORD HEALTH SOURCES, INC. is a “recipient of federal funding” and “receives federal financial assistance.” *See* Plaintiff’s Amended Complaint [ECF #77] at ¶¶ 16, 113.

Respectfully submitted,

CASSIDAY SCHADE LLP

By: /s/ Stephen J. Gorski

One of the Attorneys for Defendant, WEXFORD
HEALTH SOURCES, INC.

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CERTIFICATE OF SERVICE

I hereby certify that on December 16, 2022, I served the foregoing Interrogatories on the attorneys of record in this case via electronic mail, as follows:

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